

**Request for Funding from Social Service Agencies
For the
Town's FY2021 Budget
(July 1, 2022 – June 30, 2023)**

*****All sections of this application form must be completed in their entirety, and the request must be received no later than Monday, August 30th at 12noon to be considered as part of the FY2022 proposed municipal budget – NO EXCEPTIONS! Please review your application carefully for completeness prior to submission. *****

Name of Organization Requesting Funding: _____

Organization's Fiscal Year (for example: Jan 1 – Dec 31 or Jul 1 – June 30) _____

Key Contact Person: _____

USPS Mailing Address: _____

The Specific amount of funding requested from the Town of Newmarket is:

\$ _____

Attach a statement no longer than a single page outlining your organization's mission, the specific programs provided, and who is served. Do not attach glossy brochures, multi-page pamphlets, etc.

Attach a copy of the most recent financial statements of the organization prepared by an independent firm or individual. Audited financial statements are preferred, but we understand that your agency may not be required to incur the expense of a full audit.

Describe how your agency serves a core group of Newmarket residents and who this core group is:

Describe how your agency provides services that the Town of Newmarket would otherwise be obligated to provide if your agency did not provide these services to our residents:

Describe how the services provided by your agency directly or indirectly reduce Town expenditures:

Describe how this municipal appropriation is critical to the financial health and viability of your organization:

Describe how the services provided by your agency enhance the quality of life for the Newmarket community:

Does your organization receive funding from other municipalities? _____

If yes, list the other Towns or Cities that provide funding and the amount of funding provided – attach schedule, if needed:

Name of Town or City	FY2019 Amount	FY2020 Amount	FY2021 Amount

Please provide information on the number of Newmarket residents served relative to the total number of clients served in the table below. This information should be made available for each separate category of service or programs provided to Newmarket residents. If the size of the table below is not adequate, please provide an attachment with the same information.

Program #1 Description:	This Year's Clients Served	Last Year's Clients Served	Clients Served 2 Years ago
Residents of Newmarket			
Residents of _____			
Residents of _____			
Residents of _____			
Residents of _____			
Total Clients Served _____			
Program #2 Description:	This Year's Clients Served	Last Year's Clients Served	Clients Served 2 Years ago
Residents of Newmarket			
Residents of _____			
Residents of _____			
Residents of _____			
Residents of _____			
Total Clients Served _____			
Program #3 Description:	This Year's Clients Served	Last Year's Clients Served	Clients Served 2 Years ago
Residents of Newmarket			
Residents of _____			
Residents of _____			
Residents of _____			
Residents of _____			
Total Clients Served _____			

Does the level of funding you are requesting from the Town of Newmarket relate to the actual services provided to the residents of Newmarket? If so, please describe how you arrive at the amount of funding you are requesting from the Town of Newmarket. If not, why not?

Is the level of funding relative to the volume of services provided to Newmarket residents commensurate with the level of funding requested and received of other communities relative to the volume of services your organization provides to these other communities? If not, why not?

For your agency's funding request to be considered, **complete** applications must be **received no later than Monday, August 30, 2021 at 12Noon.**

Preferred delivery method is e-mail to sfournier@newmarketnh.gov

Or you may mail, or hand-deliver your request to:

Stephen R. Fournier
Town Manager
186 Main Street
Newmarket, NH 03857